

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17688

1. PLACE OF DEATH

County Shelby
Township Rolla
City Rolla

Registration District No. 677
Primary Registration District No. 4403

File No. 17688
Registered No. 66
St. _____ Ward _____

2. FULL NAME

J. T. Petraglio

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Delise Petraglio</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 6 1878</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>8</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla Mo</u>		
MOTHER FATHER	13. NAME <u>Felice Petraglio</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	15. MAIDEN NAME <u>Roberts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. T. Petraglio</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rolla</u> DATE <u>May 17 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Harry K. ...</u>		
20. FILED <u>May 16 1934</u> <u>J. F. ...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to May 16 1934
I last saw him alive on May 16 1934. Death is said to have occurred on the date stated above, at 1:00 A. M.
The principal cause of death and related causes of importance were as follows:
Paralysis
Clot on brain

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) Geo. W. Harrison, M. D.
(Address) Rolla MO

Geo. Harrison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1934

81
22
4

116
37

